


THE PENNSYLVANIA BREAST AND  
CERVICAL  
CANCER SCREENING PROGRAM



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CANCER BURDEN IN  
PENNSYLVANIA

- Breast cancer remains the second cause of cancer-related mortality in women nationwide and in PA. (Lung cancer is #1)
- Cervical cancer mortality rates have remained stable and low

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TODAY'S OBJECTIVES

- Briefly describe the HealthyWoman Program (HWP)
- Outline the eligibility requirements for the HWP
- Describe the services provided by the HWP
- Coordination for treatment with DPW's BCCPT Program

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### WHAT IS THE HWP?

- ◉ Providing breast and cervical screening services since 1994
- ◉ Intended to decrease mortality from breast and cervical cancer
- ◉ Promote breast and cervical screening
- ◉ As of June 30, 2010 we have provided:
  - Over 100,000 mammograms
  - Nearly 85,000 Pap tests
  - Nearly 2,700 breast cancers detected or confirmed
  - Nearly 135 cervical cancers detected or confirmed

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### WHAT IS THE HWP? (CONT'D.)

- ◉ Funded cooperatively by
  - Centers for Disease Control and Prevention (CDC) (federal funding)
  - Pennsylvania Department of Health (state funding)
  - Act 74 of 2005 (HB1606) (state funding) thanks to PBCC advocacy efforts approximately \$1.7 million was added to the HWP budget to serve women 40-49 years of age

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### WHAT IS THE HWP? (CONT'D.)

- ◉ According to the CDC there are 110,000 women in PA who are eligible for the HWP
- ◉ With federal and state funding combined, we are able to screen only 10-11% of the eligible women
- ◉ The HWP is not an entitlement program. We must compete with all states, DC, 4 US territories and 13 American Indian/Alaska Native tribes and tribal organizations for federal funding

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## WHAT IS THE HWP? (CONT'D.)

- Alliance of Pennsylvania Councils, Inc. is the HWP statewide contractor
- There are over 200 HWP provider sites statewide

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## ELIGIBILITY REQUIREMENTS FOR THE HWP

- Women 40-64 years old
  - Women under 40 are eligible if symptomatic
  - Women over 64 are eligible if not enrolled in Medicare
- Low to moderate income (at or below 250% of federal poverty income guidelines)
- Uninsured or underinsured
  - Underinsured means insurance does not cover breast and cervical services offered by the HWP; unable to pay co-payment or deductible

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## ELIGIBILITY REQUIREMENTS FOR THE HWP

Pennsylvania Free Breast and Cervical Cancer Services Eligibility Requirements			
Free Breast & Cervical Cancer Treatment Department of Public Health 8001 Program 1-800-842-7329 www.dhs.state.pa.us/hwp		Free Breast and Cervical Cancer Screening Department of Health 8000 Program 1-800-275-7814 www.PaHealthWise.com	
<b>Age</b>			
Under 40	<input type="checkbox"/> English	<input type="checkbox"/> English if symptomatic	
40-64	<input type="checkbox"/> English	<input type="checkbox"/> English	
65-69	<input type="checkbox"/> English	<input type="checkbox"/> English	
70+	<input type="checkbox"/> Not required	<input type="checkbox"/> English	
<b>Citizenship/PA Residency</b>			
U.S. Citizen or Qualified Alien	<input type="checkbox"/> Respected for eligibility, Documentation required *	<input type="checkbox"/> English (self-reported), can enroll regardless of response	
PA Residency	<input type="checkbox"/> Respected for eligibility, Documentation required *	<input type="checkbox"/> English (self-reported), can enroll regardless of response	
Social Security #	<input type="checkbox"/> Respected for eligibility, SS number or documentation of application for SS # is required **	<input type="checkbox"/> Not required	
<b>Income</b>			
Income	<input type="checkbox"/> Not for the BCCT Program (DPA will verify income & apply to PA and other public assistance)	<input type="checkbox"/> English (self-reported) - Under 250% of Federal Poverty Income Guidelines	
<b>Insurance</b>			
Uninsured	<input type="checkbox"/> Verified this HWP Health Insurance Premium Payment Program	<input type="checkbox"/> English (self-reported)	
Underinsured	<input type="checkbox"/> Not eligible (verified non-eligible Health Insurance Premium Payment Program)	<input type="checkbox"/> English (self-reported), can enroll regardless of response	
Other Reported Documentation	<input type="checkbox"/> PA-002 Part B Application	<input type="checkbox"/> PA-002 Part A Application	

\* Non-qualified immigrants can apply for Emergency Medical Assistance. They will need to apply for Medical Assistance with a physician letter stating the nature of the medical emergency condition, in addition to the BCCTF forms.  
\*\* PA Department of Health, June 1, 2008

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**SERVICES PROVIDED BY THE HWP**

- Free clinical breast exams and mammograms for women 40-64
- Free pelvic exams and Pap tests for women 18-64
- Diagnostic services following an abnormal clinical breast exam, mammogram or Pap test
- Services are reimbursed at the Medicare fee established annually by the Centers of Medicare and Medicaid Services (CMS)

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**COORDINATION FOR TREATMENT WITH DPW'S BCCPT PROGRAM**

Previously to be referred to the BCCPT Program:

- Woman had to go through the HWP and receive at least one federally funded service
- Woman must be diagnosed with breast or cervical cancer or precancerous condition of the breast or cervix
- Woman and HWP provider completed the HWP/BCCPT Program application form (PA600B)
- HWP provider forwarded the application to the local County Assistance Office (CAO) in which the woman resides

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**COORDINATION FOR TREATMENT WITH DPW'S BCCPT PROGRAM (CONT'D.)**

Effective July 1, 2008...

The process for referring women to the BCCPT Program was enhanced!

To make access to the BCCPT Program easier, the HWP implemented "direct access" for those women diagnosed by a non-HWP provider

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### COORDINATION FOR TREATMENT WITH DPW'S BCCPT PROGRAM (CONT'D.)

- Women do not have to physically go to a HWP provider site if diagnosed by a non-HWP provider
- The woman and the non-HWP provider completes the HWP/BCCPT Program Application (PA600B)
- The non-HWP provider forwards (i.e. fax) the application to the HWP Contractor to be reviewed for completeness
- The HWP Contractor forwards the application to the local CAO in which the woman resides

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### DIRECT ACCESS

ELIMINATED THE STEP OF THE WOMAN NEEDING TO SCHEDULE AND SHOW UP FOR ANOTHER APPOINTMENT WITH A HWP PROVIDER TO BE REFERRED TO THE BCCPT PROGRAM IF SHE WAS DIAGNOSED BY A NON-HWP PROVIDER!

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### HWP CONTACT INFORMATION

For further information visit:  
[www.PAHealthyWoman.org](http://www.PAHealthyWoman.org)

Speaker Contact: [jboyle@state.pa.us](mailto:jboyle@state.pa.us)  
(717) 346-3984

HWP Enrollment: 1-800-215-7494

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